

NURSING FOCUS

Official Publication of the Indiana State Board of Nursing

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**Protecting the Public
While Saving Careers**

**Just Culture in
the Health Care
Profession**

**Nurse-Midwifery
in the State
of Indiana**

FOCUS ON **Darcy Burthay**

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Frances L. Kelly
Executive Director

Contents

Director's Message	4
Upcoming Events	4
Ask a Nurse Attorney	8
Nurse-Midwifery in the State of Indiana: What Licenses and Certification Do You Need?	9
IN the News	11
Focus on Darcy Burthay	12
Disciplinary Actions	14
Just Culture in the Health Care Profession	17
Protecting the Public While Saving Careers	19

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For advertising information contact: Tom Kennedy at

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Office Location

Indiana Professional Licensing Agency
Indiana State Board of Nursing
Indiana Government Center South Building
402 West Washington St., Room W072
Indianapolis, IN 46204

Contact Information

Phone (317) 234-2043
Fax (317) 233-4236
License Verifications (888) 333-7515
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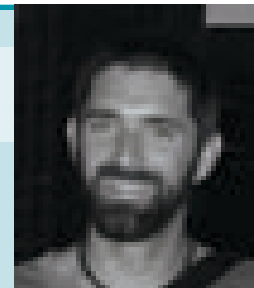
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MESSAGE FROM THE EXECUTIVE DIRECTOR

Sean Gorman, *Director of the Indiana State Board of Nursing*



Dear Indiana Nursing Professional:

As we wind down to the end of the 2008 calendar year, many of us find ourselves making New Year's resolutions. In that spirit, I present my New Year's resolutions as director of the Indiana State Board of Nursing for 2009:

1. **IDENTIFY AND REMOVE BARRIERS TO PRACTICE IN INDIANA:** The Board is always conscious of barriers to practice in the state, and has already made progress on this front in 2008. At the same time, the Board's primary charge is to ensure the safety of the public through the regulation of the nursing profession. With the baby boomers expected to increase the demand for health care services, an aging nursing work force, and the current nurse education system running at full capacity, the nursing work force shortage is expected to worsen unless steps are taken to ensure that we have enough qualified professionals to replace retiring nurses and meet the increased demand for their services. The Board is dedicated to working with the Indiana State Nurses Association, the Indiana Nursing Workforce Development Coalition, Indiana's nursing schools, the Indiana Hospital Association, the National Council of State Boards of Nursing, and all other stakeholders to ensure that our nurses can provide safe, quality care to meet the needs of the future.
2. **CONTINUED REFINEMENT OF THE LICENSURE PROCESS:** Perfection is not the standard here, but it can still be the Board's goal. There are several areas that have been identified as confusing for applicants over the past year, and much work remains to be done as we continue to make licensing as convenient and efficient as possible for applicants while ensuring that the nurses licensed by the Board are competent to practice. Streamlining application forms and procedures, improving application instructions, improving access to customer service support, and reaching out to

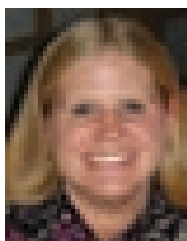
schools and their nursing students to educate them on the licensure process and requirements are all potential areas for improvement.

3. **IMPROVED ALLOCATION OF THE BOARD'S TIME COMMITMENTS:** The Nursing Board meets on the third Thursday of every month, and while our meetings begin at 8:30 a.m., they generally last until well into the evening, sometimes as late as midnight. 95 percent or more of the Board's agenda is consumed by disciplinary hearings against nurses' licenses. The Board Members are all professionals with careers and families and other obligations, and the monthly meeting is one time we can always count on everyone being at the same place and ready to focus on nursing profession issues. The amount of time allocated to disciplinary hearings leaves very little time for in depth discussion at these monthly meetings on big-picture type of issues. In 2009, I would like to explore with the Board some creative ways in which we can continue to conduct the important disciplinary hearings and still have time to engage in broader discussions about advancing the goal of public protection and advancement of the profession.

On behalf of the Indiana State Board of Nursing, I wish you and yours a happy, healthy, and successful 2009, and I invite you to join the Board as we strive for improvement in the work we do. Please feel free to contact us with your comments or suggestions: Our group e-mail is pla2@pla.in.gov, or we can be reached by telephone at (317) 234-2043.

Yours truly,

ANNOUNCEMENTS AND UPCOMING EVENTS:



Effective December 19, 2008, Michelle Hines resigned from her position as the assistant board director of the Indiana State Board of Nursing. Michelle has been in this position since 2005 and with the state of Indiana since 1998. She has accepted the position of clinical coordinator at MedTech College.

The Board wishes Michelle the best of luck in her continued professional development and is indebted for her years of dedicated public

service to the nursing profession.

JANUARY 15TH, 2009: Indiana State Board of Nursing meeting – open to the public. Proceedings begin at 8:30 a.m. Agendas are available online at www.pla.IN.gov and will be posted one week prior to the meeting.

JANUARY 27TH, 2009: Indiana State Nurses Assistance Program Quarterly Provider Meeting: 8:30 a.m. – 12:00 p.m. at Witham Health Services in Lebanon, Ind. R.S.V.P. to clindquist@indiananurses.org by Thursday, January 22, 2009.

FEBRUARY 19TH, 2009: Indiana State Board

of Nursing meeting – open to the public. Proceedings begin at 8:30 a.m. Agendas are available online at www.pla.IN.gov and will be posted one week prior to the meeting.

MARCH 19TH, 2009: Indiana State Board of Nursing meeting – open to the public. Proceedings begin at 8:30 a.m. Agendas are available online at www.pla.IN.gov and will be posted one week prior to the meeting.

Have an upcoming nursing related event you'd like to announce? Contact the Indiana State Board of Nursing at pla2@pla.IN.gov with details.

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MedTech College:

Career Specific Training for Broad Opportunities

By Julie Young • For Custom Publications

MedTech College is committed to identifying the employment needs in Indiana. MTC is continually developing fast-track allied health associate degree programs that will help job seekers compete for better-paying, more rewarding careers close to home.

Two of the newest programs offered through MedTech are Biotechnology and Medical Laboratory Technology. Both offer self-motivators a chance to make a real difference in the medical and scientific communities.

"Biotechnology is the study of living organisms. It's a broad category that has broad opportunities," said Mary Harmon, executive vice president of academics at MedTech. "Those in the field can go into chemical technology, agricultural technology and pharmaceutical technology."

A RANGE OF CAREER OPTIONS

Graduates of this program can compete for environmental jobs that study air pollution as well as alternative sources of energy. Those in the agricultural track can study the impact of pesticides and pollution on plants and animals. As one of the leading grain producers in the nation, Indiana has disease resistant crops that are important factors in the farming community.

Biotechnicians can work with clinical research scientists to conduct medical research that could lead to a cure for cancer, AIDS and diabetes. Some have the opportunity to work in manufacturing plants ensuring materials meet environmentally friendly standards.

"MedTech really studied where the needs are in the state, and we want our graduates to have the best opportunities for careers right here at home," Harmon said. "These careers give employees a chance to move up within their own companies now that they possess an additional skill set."

Robotics is another big component in the biotechnology field. With more medical disciplines



relying on robotics, technicians can work on sophisticated experiments including bionics that interface computers with the human body.

"It's kind of like the Six-Million-Dollar Man idea," Harmon said. "It's really an amazing field."

PATHS TO MEDICAL FIELDS

The Medical Laboratory Technology program offers students a chance to play a role in the detection, diagnosis and treatment of disease. In this more medically focused field, technicians analyze bodily fluids looking for bacteria, parasites and other microorganisms.

Medical laboratory technicians use automated equipment and computerized instruments capable of performing simultaneous tests in order to help physicians diagnose and treat patients. They employ tools such as microscopes, cell counters and other equipment.

"Physicians use laboratory tests to help them figure out what is wrong with patients, even identifying cancer in its earliest stages," Harmon said. "By performing a simple test, cancer can be prevented before it even gets started."

After analyzing the results with the attending

physician, technicians run tests to determine how well a patient is responding to treatment. They offer valuable information for physicians and patients.

"Medical lab technicians will also work with the new cutting-edge field of diagnostic nanomedicine," Harmon said. "This involves the creation and use of materials and devices at the level of molecules and atoms."

She noted that the creation of nanobots aid in disease diagnosis and are long-term goals of medical scientists throughout the country.

Harmon said as MedTech sets the stage for this new and exciting field of nanomedicine, students will lay the foundation with their coursework of organic chemistry, hematology and clinic pathology.

"Their future career opportunities will include employment in independent medical labs, hospitals, doctor's offices, medical diagnostic companies and everywhere that laboratory testing is performed," she said. •

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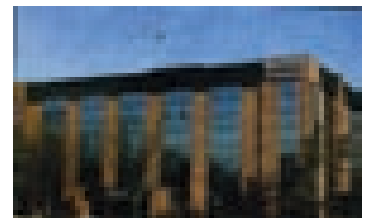
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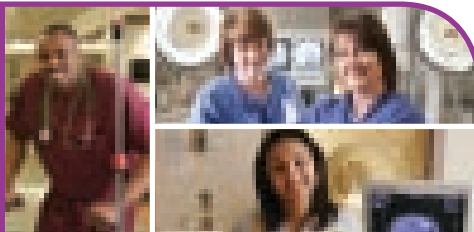
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“ASK A NURSE ATTORNEY”

Nurses, welcome to “Ask a Nurse Attorney.” This section is designed for licensed nurses to ask questions to a nurse attorney. If you have a question that you would like to have answered, please feel free to e-mail Lorie@brownlaw1.com. If your question is selected, it will appear in the upcoming issues of Nursing Focus.

Dear Nurse Attorney,

I work the night shift and have been taking sleeping pills prescribed by my physician to help me sleep during the day. I have been taking them for a year, and sometimes I need to take more than the amount prescribed to get to sleep. Sometimes I go to work very tired, and the other staff is getting concerned and want to report me. I think I have a problem but do not want to lose my license. What should I do?

Sleepy R.N.

Dear Sleepy R.N.:

You are not alone. At least 7-10 percent of nurses are dependent on drugs or alcohol. Chemical dependency is a chronic and progressive disease, but with early intervention, successful rehabilitation is possible. Without treatment, the disease could become quality-of-life-threatening with potentially fatal consequences. You have taken the first step in recognizing the problem. The best thing you can do is get in touch with the Indiana State Nurses Assistance Program (ISNAP) at (800) 638-6623. They will evaluate you and help you with a treatment plan. If you are compliant with the Program, the Board may choose not to take action against your nursing license if you are reported. The Board would rather have a nurse get the necessary help than penalize the nurse for having a disease.

Lorie A. Brown, R.N., M.D., J.D.

Dear Nurse Attorney,

At the hospital-based women's health clinic where I work, it's my responsibility to advise women receiving Pap smears to call the clinic for follow-up testing if the results are abnormal. Unfortunately, some women who get abnormal results never do call us to schedule another test. If one of these women develops cervical cancer, could the clinic or I be sued?

Women's Health R.N.

Dear Women's Health R.N.:

It is the responsibility of the nurses and the clinic to inform patients of the need for a follow-up. Then it becomes a question of how much does the nurse or the clinic need to do to meet that responsibility versus how much of the follow-up care is the patient's responsibility.

The nurse or clinic must document every effort to contact the patient. In many instances, a phone call may not be enough. It is suggested that certified letters be sent to the patient's home reminding them of the necessity to follow-up. Then, if the patient does not come in for the follow-up, the clinic or the nurse has met their duty by having proof that the patient was notified of the need for follow-up, thereby preventing any claim of abandonment from the patient. Once the certified mail return receipt card comes back, it should be attached to the copy of the letter that was sent and then placed in the patient's file. Then, there can be no question that the clinic or nurse met the duty in informing the patient of the necessity to follow-up. If the patient cancels the appointment, a follow-up mechanism must be in place. It must also be documented that the follow-up appointment was made but the patient cancelled or did not show.

Lorie A. Brown, R.N., M.D., J.D.

Lorie A. Brown, R.N., M.D., J.D., of Brown Law Office, Indianapolis, Ind., (317) 465-1065, is a practicing nurse-attorney who represents nurses for licensing issues before the Board and for contracting matters. The views expressed in this column are those of the author. www.brownlaw1.com

NURSE-MIDWIFERY IN THE STATE OF INDIANA:

What Licenses and Certification Do You Need?

Nurse-midwives were originally granted a "limited license to practice" when they were licensed and governed under the Board of Medicine. Transfer from the Medical Licensing Board of Indiana to the Indiana State Board of Nursing became effective July 1, 1993. The Board of Nursing then assumed responsibility for the licensure of nurse-midwives through what is referenced as the "limited license." The terms nurse-midwife and certified nurse-midwife appear interchangeably throughout Article 3. Nurse-midwives, Article 4. Advance Practice Nursing and Prescriptive Authority for Advanced Practice Nursing and Article 5. Prescriptive Authority for Advanced Practice Nursing, *Indiana State Board of Nursing, A compilation of the Indiana Code and Indiana Administrative Code, 2008 Edition*. The wording makes it confusing to identify and differentiate what is necessary for practice as a certified nurse-midwife in Indiana.

Certified nurse-midwives are the only advanced practice nurses in Indiana mandated a license to practice in Indiana. **The limited license, in addition to the registered nurse license, is absolutely required for a certified nurse-midwife to practice nurse-midwifery in the state of Indiana. Prescriptive authority for certified nurse-midwives is an additional credential to be applied for separately and does not authorize the practice of nurse-midwifery in the absence of the limited license.** Adding to the confusion, the prescriptive authority card has a license number, the practitioner's name and credentials, CNM, on the pocket card. The limited license provides the applicant with a pocket card that has the name and credential, NM – nurse-midwife. Prescriptive authority for all advanced practice nurses in Indiana is the authority to prescribe, it is not a license.

In review of Indiana Code:

IC 25-23-1-13.1, Sec.13.1 (a) An applicant who desires to practice midwifery shall present to the Board the applicant's license as a registered nurse and a diploma earned by the applicant from a school of midwifery approved or licensed by the Board or licensing agency for midwives that is located in any state. (b) The applicant shall submit to an examination in midwifery prescribed or administered by the Board. If the application and qualifications are approved by the Board, the applicant is entitled to receive a limited license that allows the applicant to practice midwifery. (c) The Board shall adopt rules under IC 25-23-1-7: (1) defining the scope of practice for midwifery; and (2) for implementing this section.

The code is the law that the Board of Nursing was charged with implementing and monitoring. Currently, there is a dual application process for certified nurse-midwives who



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- Nursing programs are accredited by the NLNAC at the undergraduate and graduate levels
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desire to practice in Indiana with licensure and prescriptive authority: application for the Limited License and Prescriptive Authority Application. Both of these applications are available online <http://www.in.gov/pla/nursing.htm>. For certified nurse-midwives who seek licensure without prescriptive authority, application for the "limited license" is required.

Unfortunately, there has been a general lack of clarity about these titles, authorizations and licensing. The language and process changes proposed to the Board of Nursing will eliminate the confusion. "Limited License" will be defined as the license required to practice as a CNM in Indiana; the application process will be modified to alert

the CNM applying for prescriptive authority to "check" a box for the "limited license." The CNM applying for "limited license" will "check" a box if also applying for prescriptive authority. The "limited license" and "prescriptive authority" pocket cards will carry the same credentials: CNM. Streamlining the licensing model of certified nurse-midwives is going to serve as the potential model for future licensing of all advanced practice nurses in Indiana.

Summary of recommendations:

Please check your license on the Indiana Professional Licensing Agency Web site: <https://extranet.in.gov/WebLookup/Search.aspx> and <http://www.in.gov/pla/2493.htm>.

If you have prescriptive authority and do not possess your limited license to practice as a nurse-midwife, and you engage in the practice of nurse-midwifery*, you must apply for and receive a limited license to practice nurse-midwifery, in addition to having an active RN license and active prescriptive authorization. Individuals who apply for and receive the limited license by March 1, 2009, will not be prosecuted by the state of Indiana for licensure matters. However, this general

amnesty will not prevent the State from prosecuting any individual for practice concerns involving patient safety.

ACNM Indiana Chapter Secretary Catherine Jones, CNM, has been representing certified nurse-midwives of Indiana as an appointed member to the APN Subcommittee by the Indiana Board of Nursing. This subcommittee was formed under the lead of Sean Gorman, director of the Board of Nursing, to recommend updates and changes in the language as it relates to advanced practice nurses in the Indiana State Board of Nursing's Administrative Rules. The monthly meetings of this subcommittee have been open to the public, minutes posted on the Board of Nursing Web site and updates to documents sent out to chapter members via e-mail. A thorough review of the Indiana Administrative code has uncovered misinterpretation of the responsibilities of certified nurse-midwives and compliance with the license to practice for those who have sought prescriptive authority.

** The practice of nurse-midwifery is defined by rule as "the practice of nursing and the extension of that practice, including well-woman gynecological health care, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery." 848 IAC 3-1-2*

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IN the News:

Carolyn Goodall, RN, MSN, CNS, clinical manager of Saint Margaret Mercy's Indiana Home Care, has been elected as president of the Indiana Home and Hospice Care Association. She will represent Saint Margaret Mercy and all homecare and hospice agencies in the state of Indiana. Carolyn has served for two years as the vice president of the IAHC Board Retreat.

Marion E. Broome, PhD, RN, FAAN, dean and distinguished professor, Indiana University School of Nursing (IUSON), has been appointed to the US Department of Defense Health Board (DHB) Health Care Delivery Subcommittee. Dean Broome is one of 18 members of the DHB Subcommittee with a two-year appointment. The Defense Health Board is a Federal Advisory Committee to the Secretary of Defense.

St. Vincent Unveils Newborn and Pediatric Critical Care Transport

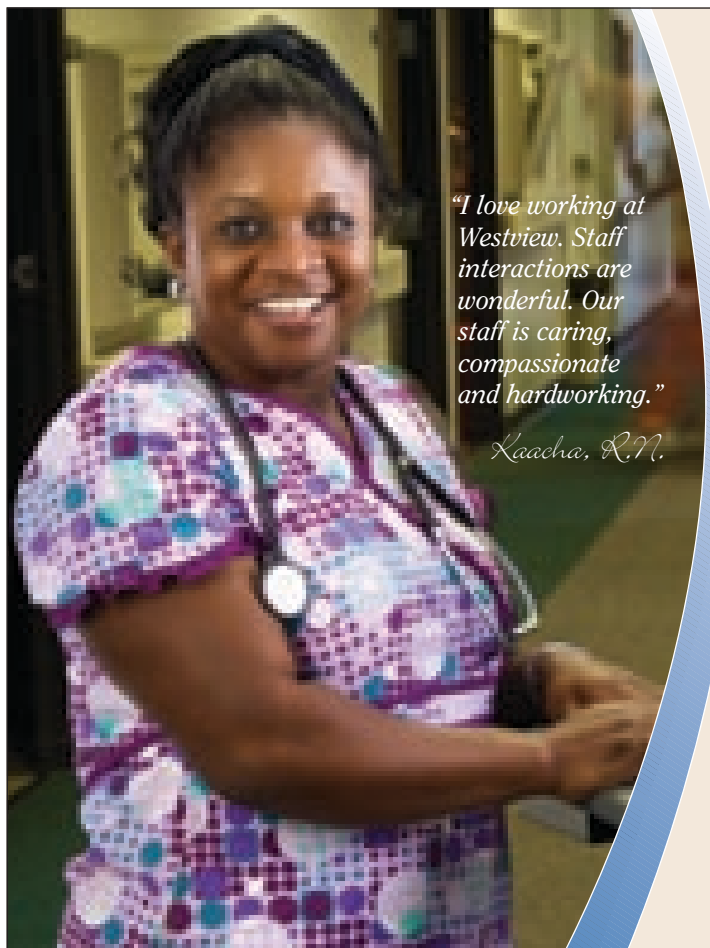
On October 30, St. Vincent Health officials unveiled their Newborn and Pediatric Critical Care Transport in the parking lot of Peyton Manning Children's Hospital. The mobile vehicle, measuring 33

feet long, 11 feet tall and 11 feet wide, will provide intra-facility transfers for infants and pediatric patients throughout Indiana and surrounding states. Depending on the patient case, a neonatologist or pediatric hospitalist, registered nurse, respiratory therapist and an EMT will staff the mobile unit. It also has a physician workstation, and space to transfer two newborns or one pediatric patient to Peyton Manning Children's Hospital or St. Vincent Women's Hospital for highly-specialized care.

Indiana Hospital Association Announces Effort to Elevate State's Health Status Ranking

Indiana hospitals have targeted six public health measures for statewide improvement including: obesity, smoking, adult diabetes, childhood immunizations, prenatal care in the first trimester, and self-reported poor mental health. Hospital strategies will focus on targeting hospital employees for improvement first, utilizing partnerships with others engaged in health improvement, standardizing measurement strategies, and aligning with county/state initiatives.

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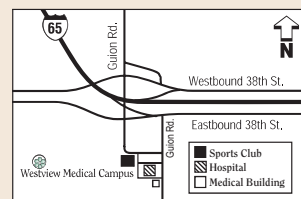
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FOCUS ON

Darcy Burthay



There are many reasons individuals choose nursing as a profession. We decided to ask that very question to Darcy Burthay, chief nursing officer and chief operating officer of St. Vincent Hospitals and Health Services.

Q. What made you decide to become a nurse?

A. Growing up in Chesterton, Ind., the middle child of three girls, I was always the caregiver. I'm passionate about learning new things, both through education and experience. Nursing affords the opportunity to incorporate education and experience into caregiving.



DARCY'S INSPIRATION

Q. To what do you attribute your success?

A. It starts with a strong foundation of family and friends. My parents, my sisters, my husband and our sons have always been my inspiration. Both my parents worked outside the home yet always demonstrated a strong work/life balance.

Success begins with self-confidence, knowing who you are and knowing you were placed on this earth for a greater purpose. As a mother, a wife and a woman, I've learned to stick to my values, set the tone and set the example.

Q. Where did you attend nursing school?

A. I obtained my BSN from Ball State University and returned for my Master's in Nursing Administration.

Success begins with self-confidence; knowing who you are and knowing you were placed on this earth for a greater purpose.

Q. What career path did you take to get to where you are today?

A. Fortunately, I made the right career choice from the start. In choosing St. Joseph Hospital in Kokomo, I became a part of the St. Vincent Health system, the largest health care employer in the state. There aren't too many places where you can work a lifetime with the same employer.

Over my 25-year career, I have served as staff RN, manager, director, vice president and eventually had the privilege of serving as president of St. Joseph. Earlier this year, yet another door opened, and I was offered my current position as CNO and COO in Indianapolis.

Q. To what do you attribute your success as president of St. Joseph Hospital as they won 'Best Place to Work in Indiana'?

A. First of all, it wasn't my success, it was our success. It came through the dedication and compassion of all our associates. Not surprising, that same dedication to our core values is transparent in my transition to Indianapolis.

Q. What advice would you give someone, whether just starting out or considering a transition?

A. First of all, love what you do and love where you do it. Today's RN has so many employment choices. Clinically, most of the area's major hospitals are competitive. It's culture that distinguishes one from the

other. Expectations are different for each individual.

I often advise those considering their options to walk the halls of each hospital. Does the culture match their style? You can learn much on the faces of the associates. At St. Vincent, it's clear people enjoy their jobs and enjoy one another. They know one another by first name. They don't just give directions to patients, family members and friends, they walk with them.

Second, learn all you can. That comes both through education and experience. Everyone you interact with on a daily basis presents an opportunity for you to learn something new. Be open to their words and ideas.

Third, and most important, listen. You can't learn unless you listen. One of the most difficult things to do in today's busy society is to be present with those in your care. I've learned more by listening to physicians, associates, patients and their families than I could have ever learned through a textbook.

Q. What opportunities exist at St. Vincent for an RN today?

A. The biggest opportunity for someone considering St. Vincent Health comes in joining an organization where the possibilities for ongoing education and experience are endless. It means working in a faith-based organization where everything we do is rooted in our mission and core values.

Our recent expansion of services, including renal transplant, fracture care and the opening of St. Vincent Medical Center Northeast create a wealth of opportunities for the student, the recent graduate and the experienced nurse.

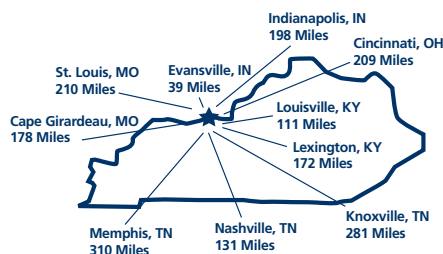
All opportunities for St. Vincent Health are posted on their career center, www.jobs.stvincent.org.



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Disciplinary Actions

Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.

Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.

Renewal Denied—The nurse's license will not be renewed, therefore, she/he does not have a license to practice in Indiana.

Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.

CEUs—Continuing Education Credits

Fine—Disciplinary fee imposed by the Board.

Censure—A verbal reprimand given by the Board.

August 21, 2008 Board Meeting

NAME	License #	Board Action Taken
Warren Scott Frazier	28135743A	Probation to be withdrawn after documenting CEUs
Heidi Jo Hite	27049939A	Notice of Proposed Default Set Aside
Deborah Burton	28096041A	Indefinite Suspension
Kenneth Bryan Artman	27047890A	Indefinite Suspension; \$3,000 fine
Tommy Poff	27052117A	Indefinite Probation; \$500 fine
Rebecca Faith Owen	28096891A	Notice of Proposed Default
Shelly Donise Wilborn	28153694A	Indefinite Suspension; \$500 fine
Jill Ann Moore	27037196A	Indefinite Suspension; \$500 fine
Melissa Sue Maddox	28123374A	Indefinite Suspension
Christopher James Foreman	27050226A	Indefinite Suspension; \$250 fine
Danell Zaabani	27053660A	Indefinite Probation; \$250 fine
Marilyn Keating	28176041A	Indefinite Suspension; \$250 fine
Amanda Jill Bell	28146833A	Indefinite Suspension; CEUs \$750 fine
Delphina Johnston	28082916A	\$500 fine
Melinda Rice	27056649A	\$250 fine
Daniel Duane Frederick	27051853A	\$500 fine
Constance Susan Smith	27024533A	Indefinite Suspension; \$1,200 fine
William Joseph Stersel	28167129A	Indefinite Suspension; \$1,000 fine
Donna Jean Scheele	28055772A	Renew License on Probation; \$750 fine
LeAnn Kay Pryor	28092034A	Indefinite Probation
Jinny Marie Routh	27037771A	Notice of Proposed Default
	28150132A	
Kimberly Koenig	27040416A	Indefinite Probation
Jason Lance Riley	27040346A	Indefinite Probation; CEUs
Holly McDonald	27045089A	Indefinite Suspension
Dawn File may	28098351A	Indefinite Probation; CEUs \$500 fine
April Michaels	28161016A	Motion to lift Emergency Suspension
Destiny Danielle Hoffman	27050683A	12 CEUs \$500 fine
Stephen Wojcik	27055513A	Emergency Suspension
Judith Anne Dickinson	27014907A	Indefinite Suspension; CEUs
Stephen Patrick Ohm	28096878A	Notice of Proposed Default; \$1,000 fine

September 18, 2008 Board Meeting

NAME	License #	Board Action Taken
Roshell Marie Sanchez	27038520A	Notice of Proposed Default
Renea Sue Stahl	27027377A	Probation withdrawn
Wanda Crowell	27023521A	Probation withdrawn
	28106341A	
Rebecca Dee Pearson	27057357A	Notice of Proposed Default
Kimberly Faye Dewey	27037277A	Indefinite Suspension
Jeffrey Dingle	27056653A	Notice of Proposed Default
Dawn Michelle Skinner	28153503A	Petition to reinstate denied; Indefinite suspension
Misty Renee White Gomez	28162439A	Indefinite Suspension
Cynthia Skatrud	27022768A	Indefinite Suspension
Linda Ann Neely	27029060A	Probation withdrawn
Dennis Ray Thompson	27044408A	Reschedule for November
Stephanie Lynn Pemberton	27036693A	Reschedule for November
Thomas Eller	27045058A	Indefinite Probation; CEUs
Kimberly Sue Jahn	27037251A	Extension of summary suspension
Krista Rebecca Degitz	28158800A	Indefinite Suspension
Lorraine Raye Garland	28157586A	Continued
Lise Catherine Catron	28106272A	Notice of Proposed Default
Jennifer Sue Manor Davison	27053741A	Extension of summary suspension
Helen Gartner	28113320A	Petition for emergency suspension
Bethuel Tanui Mutai	28166097A	Removed from agenda until he contacts the Board
Shannon Rose Bryan	28143628A	Petition for emergency suspension
Kimberly Jane Sinclair	28101974A	Letter of reprimand; \$500 fine
Jill Loray Childers	27028909A	\$250 fine
Melissa Marie Sandlin	27054451A	\$250 fine
Lynn Susan Lichatowich	28075486A	\$250 fine
Lisa Jo Wright	27047739A	Indefinite Suspension; 12 CEUs \$500 fine
Rebecca Holt	28113487A	\$250 fine
Gladys Mae Spencer	28161845A	Indefinite Suspension; \$1,000 fine

October 18, 2008 Board Meeting

NAME	License #	Board Action Taken
Karen Dark	28051785A	Probation withdrawn
Debra Ann Poynter	27026290A	Probation withdrawn
Linda Lorraine Lance	28100150A	Indefinite Probation
Ashlee Rakoczy	28176332A	Probation withdrawn
Blanche Mae Markey	27008736A	Schedule for December
Phillip Townsend	28142710A	Indefinite Probation
Ronda Deutscher	27060604A	Probation withdrawn
Julie Ann Halcomb	27036818A	Notice of proposed default
Sharon Ann Knotra	28085679A	Motion to reinstate denied
Heidi Jo Hite	27049939A	Extension of summary suspension
David Eugene Watson	28127947A	Probation withdrawn
Terrell Ellis	27060050A	Motion to withdraw probation denied
Emily Lois McKnelly	27055178A	Probation withdrawn
Veronica Lee Hedges	28131739A	Probation withdrawn
	27034810A	
Kimberly Lynn Blass	28122258A	Indefinite Probation

James Franklin	28135849A	Continue on suspension
	71001453A	
Gabrielle Schmidt	27037788A	Modify probation
John Robert Majewski	27059365A	Indefinite Probation continues
Shannon Bryan	28143628A	Notice of proposed default
Kimberly Sue Blass	27037251A	Continued
Jeanene Kay Neely	27052103A	Notice of proposed default
Holly Anne Cowden	27047809A	Notice of proposed default
Jinny Marie Routh	27037771A	Reschedule for November
	28150132A	
Rebecca Owen	28096891A	Indefinite suspension
Jennifer Lu Biglane	27050543A	Indefinite suspension
Tracey Michele Alderton	28146196A	\$500 fine
Sara Ingram	27053973A	Indefinite suspension
	28176029A	
Helen Gartner	28113320A	Indefinite suspension; \$250 fine
Lorraine Raye Garland	28157586A	Indefinite probation; \$500 fine
Amanda Bridgewater	28160023A	Indefinite probation continues; \$500 fine
Tara Michelle Lutz-Busack	27048526A	Indefinite suspension; \$750 fine

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JUST CULTURE in the Health Care Professions

Indiana is among a handful of states that have launched statewide just culture initiatives to enhance patient safety. Led by IHA and the Indiana Patient Safety Center, the culture change effort is designed to spread just culture concepts throughout our state's hospitals and throughout relevant regulatory bodies.

Just culture—a relatively new concept to health care, has been used for years in other high-risk industries such as aviation and nuclear energy. During the IHA Annual Meeting, David Marx, author of *Just Culture: A Primer for Healthcare Executives*, discussed the role of just culture in health care. Marx explained that the just culture model is designed to change an organization's culture by placing less focus on events, errors, and outcomes, and more focus on risk, system design, and the management of behavioral choices. Marx's address marked the beginning of the statewide improvement effort.


The just culture paradigm addresses the weakness of a blame-free approach to errors but also runs counter to an overly-punitive culture. Marx describes it this way:

On one side of the coin, it is about creating a reporting environment where staff can raise their hand when they have seen a risk or made a mistake. It is a culture that rewards reporting and puts a high value on open communication—where risks are openly discussed between managers and staff. It is a culture hungry for knowledge.

On the other side of the coin, it is about having a well-established system of accountability. A Just Culture must recognize that while we as humans are fallible, we do generally have control of our behavioral choices, whether we are an executive, a manager, or a staff member. Just Culture flourishes in an organization that understands the concept of shared accountability—that good system design and good behavioral choices of staff together produce good results. It has to be both.

Indiana's just culture improvement plan has three stages:

...just culture model is designed to change an organization's culture by placing less focus on events, errors, and outcomes, and more focus on risk, system design, and the management of behavioral choices...



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- Align leadership of the major participant groups and have them commit to move forward;
- Provide an introductory training session on just culture concepts to teams at hospitals and other organizations; and
- Implement the just culture concepts in all Indiana hospitals and relevant organizations.

Stage one occurred Sept. 30. IHA brought together key stakeholders from across the state. Those invited were State Health Commissioner Dr. Judy Monroe and representatives from the state licensing boards of nursing, medicine, and pharmacy. At that meeting, health care leaders agreed that the plan was worthwhile and that IHA/IPSC should spearhead the effort. In accordance with that decision, a Just Culture Champion Training Session has been set for March 3, 2009.

To learn more about just culture, visit www.justculture.org. For a free copy of *Just Culture: A Primer for Healthcare Executives*, go to www.indianapatientssafety.org/links.aspx.

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Nurse “A” was going through a tough time – taking care of an ailing parent, worrying about a son out of a job, suffering from an injury and working in a stressful environment. Her physician was not available, so she wrote herself a prescription for a controlled substance to get her through an especially bad week. She was caught, and a pharmacist reported her to the Indiana State Board of Nursing (ISBN).

Nurse “B” was going through a divorce. He had dinner and a couple glasses of wine with a friend to wind down. On the way home, he stopped at a hospital where he was moonlighting to finish up on some charting. Another nurse smelled alcohol on his breath and reported him to the DON. The DON reported him to the ISBN.

Nurse “C” became addicted to opiates for which she had legitimate prescriptions. She entered into a rehab program, and while in the program, she tested positive for her drug of choice on a urine drug screen. Her explanation was that she accidentally took an old vicodin which was mixed in with some over-the-counter

medications. She was referred to the ISBN.

These are just three of several scenarios referred to the ISBN. The question that the members of the Board must ask is – “is this nurse a risk to public safety?” The members of the Indiana State Board of Nursing believe alcoholism and drug addiction to be a primary, progressive, and chronic disease. However, the resulting problems from the disease may impair a nurse's ability to practice safely as a nurse. As such, ISBN's primary concern is the health and safety of the public. Once a nurse has been identified as impaired or is suspected to be impaired by alcohol or other drugs, Indiana Law allows the ISBN to investigate licensed nurses and/or refer them to the Indiana State Nurses Assistance Program (ISNAP) for assessment and possible participation in the ISNAP.

According to the Indiana State Board of Nursing Rules, 848 IAC 2-2-2-(11), any nurse who knows of another nurse who demonstrates any unprofessional conduct which might jeopardize patient/client safety is required to report this. Since it is the responsibility of any

licensed nurse to report impairment seen in a colleague, here are some of the signs and symptoms which might be “red flags” indicating possible impairment in the workplace:

- Change in one's personal appearance or work station.
- The smell of alcohol or marijuana on the person, or the attempt to cover it up with mouthwash/breath mints.
- One's speech is affected (e.g. slurred, confused, hurried).
- Inability to focus on tasks-at-hand or disoriented.
- Missing in action (e.g. frequent trips to the bathroom or parking lot, prolonged breaks, unauthorized absences, Monday morning flu).
- Rapid mood swings within a short period of time (e.g. going from belligerent and moody to pleasant and easy to get along with).
- Deviations from the standard procedure or refusal to follow reasonable directions (e.g. wasting or counting medications).
- Poor record keeping (e.g. failure to

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- document or leaving out information).
- Errors in judgment and decrease in efficiency and productivity.
- Complaints by staff and patients that the nurse is difficult to interact with.

- Consistently signing out more controlled substances on his/her shift than routine.
- Incorrect narcotic counts at the end of the shift.
- Failure to obtain co-signatures on wastes/counts.
- Discrepancies between a patient's report of pain relief and what is documented.
- Excessive use of PRN medications (e.g. giving tylenol rather than tylenol with codeine).
- Defensive when questioned about medication errors, etc.

If, during your nursing day-to-day activities, you begin to see these "red flags" in the workplace suggesting a colleague is impaired, it is your ethical, professional and legal responsibility in Indiana to report this nurse. Many health care systems have policies and procedures in place which give direction in reporting and helping the impaired nurse. You can fulfill your obligation to report by following these guidelines. These policies often include reporting to your direct supervisor or manager, reporting to Human Resources or

reporting to the facilities' Employee Assistance Program if one is established in your facility. You also have the option of reporting the impaired nurse to ISNAP directly by calling 800-638-6623.

As a profession, it is in our collective best interest to help the impaired nurse achieve recovery. A nurse who is impaired due to the abuse of alcohol or other drugs deserves the same care and support offered to any employee suffering from any chronic illness. By reporting a nurse, you may help a colleague avoid spiraling down the ugly road of addiction, and thus help to save a nurse's career or maybe even their life. Nurses who seek help and enter fully into the recovery process can find their lives changed for the better. If you know of a nurse who may be impaired, help that nurse today by reporting – it's the most compassionate thing to do!

For further information on impairment secondary to alcohol or drugs, you can go to ISNA's website, www.indiananurses.org, and follow the ISNAP link. If you would like someone from ISNAP to come to your facility and do a presentation on identifying impairment in the workplace and appropriate follow-up, give Chuck Lindquist, ISNAP's program director, a call at 800-638-6623, extension 1.

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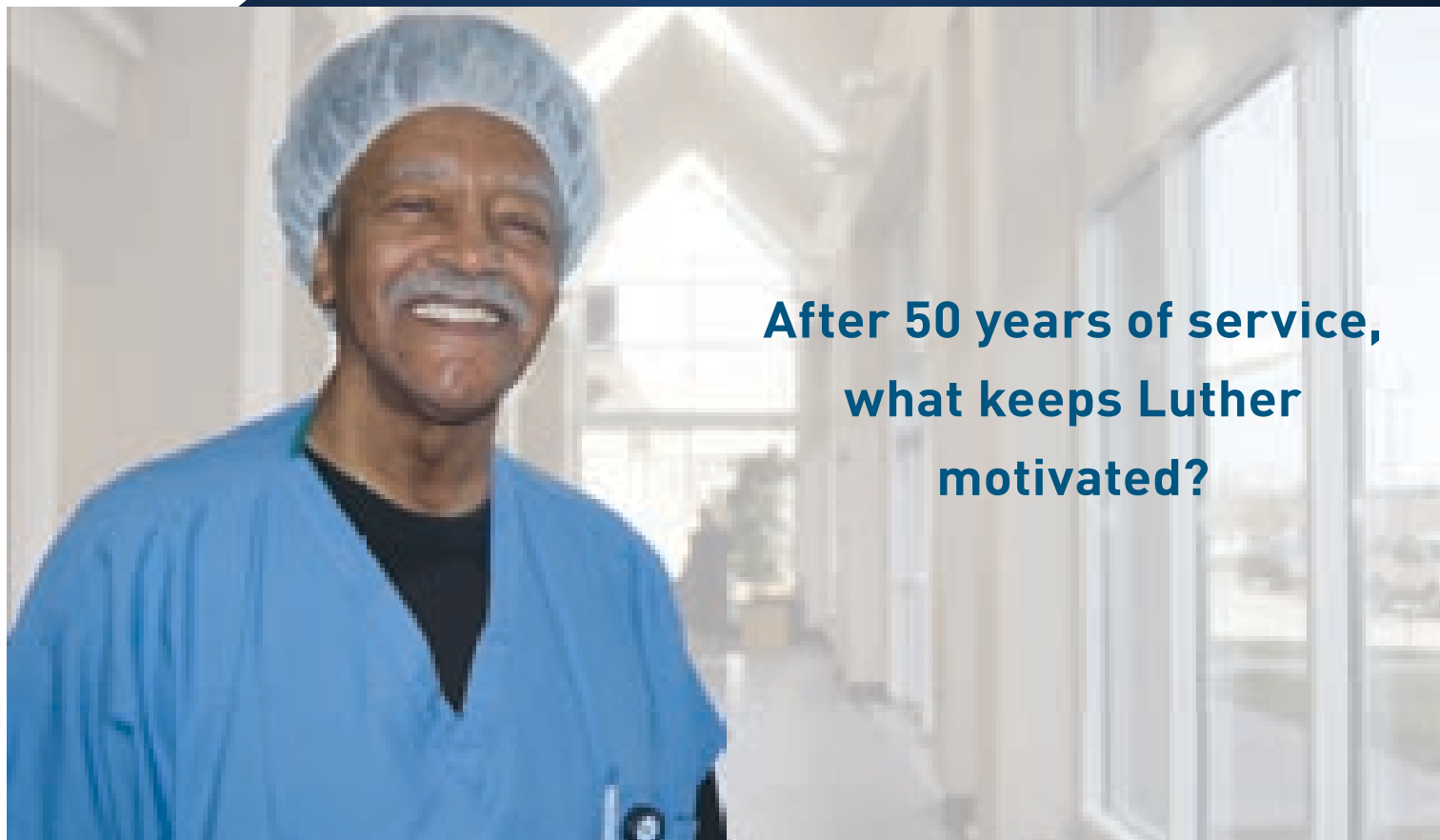
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